INSYST UPDATE V09001 – RELEASE NOTES 3/31/2010

This release contains bug fixes, new modules, and enhancements to existing functionality. Beginning with release 8.8, we do not attach User Manual documents because of their size. There are three ways to receive updated document segments:

1. If your mailbox can receive large size documents (2MB or higher per document), you can request them directly via email through Insyst Support
2. We will make the documents available via our FTP site**. Please contact Echo Oakland office for the account and password for your county.**
3. You can request the document be sent to you in CD format through Insyst Support.
4. The User's manual, the Reports manual and the CSI chapter from the Operations manual are on the FTP website. (Please note that the manuals on the FTP have not been updated for V08016 or V0900. The last recorded update was for V08015. Please see individual release notes for that version's updates.)

Significant changes and new modules in this release:

1. Medi-Cal Phase 2 implementation
2. Medi-Cal Void and Replace implementation

Critical tasks BEFORE/AFTER applying this release:

Before installing this release, you must have successfully applied release 8.17 or 9.0 prior to installing this release.

V9.1 must be installed in all environments.

Only V9.0 was designed to be installed in separate environments on your system. This was so that you could have Phase 1 claims in some environments and Phase 2 in others. Now that everything has to be Phase 2 we are back to the previous Insyst Update method where when you update 1 environment you have to update them all.

Effective V9.1 Medi-Cal test environments such as E11, E12, E13, etc are not covered by regular support and any activity in those environments is billable.

Please contact David Allen to obtain or verify that you have already had the latest DJ maps for this release. For this release, you should be getting version V09001A DJ maps for both 837 and 835.

This 9.1 release notes has combined content from 9.0 and changes since 9.0.

There are also critical changes that staff need to do for DataJunction maps:

The .BAT files used to drive the PC DataJunction process are setup to be able to process Phase1 data from one Insyst environment and Phase2 data from a different environment. As counties switch from processing Phase2 from test environments they should modify these .BAT files to use the production environment's ODBC DSN instead of the test environment's.

These are the files:

MEDICAL_CLAIM_837I_DMH_MENU.BAT
MEDICAL_CLAIM_837P_ADP_MENU.BAT
MEDICAL_CLAIM_837P_DMH_MENU.BAT
MEDICAL_EOB_835I_DMH_MENU.BAT
MEDICAL_EOB_835P_ADP_MENU.BAT
MEDICAL_EOB_835P_DMH_MENU.BAT

These are the lines where change needs to happen:

set code_odbc_dsn_for_phase1=
set code_odbc_dsn_for_phase2=

SCREENS CHANGES

Client Maintenance – Added SED Effective and Expiration date to the second page. User may enter effective date and expiration date at any time.

When multiple SED periods have been entered, the screen will display the most recent period based on effective date.

If the user changes the effective date, the screen assumes a new SED period is being entered.

The screen will validate the latest SED entry/update with other existing periods to prevent overlapping periods.

User does not need to enter the expiration date initially. It can be updated when the date is available.

MediCal Eligibility Maintenance – Added two new Late Reason Codes, “G” and “H”. The code “G” maps to HIPAA late reason code “9”. “H” maps to “4”.

Void and Replace Maintenance –

Added new fields "Client Pregnant" and "Emergency Flag".
Added InSyst procedure code for informational display.
Changed SFC to display only.
Eligibility number is changeable ONLY for DAS.
Dropped claim amount.
In "Replace with New", the client of a new service entry must have the same CIN as the client in the previous claim.

Multi and Weekly screen - The screen was not able to catch Medi-Cal duplicates on the services being entered on the same screen. This problem is fixed. (There has been no problem of catching Medi-Cal duplicates between services on the screen vs services in the database.)

Single Service Mnt screen - When updating client pregnant or emergency flags, the screen displayed a Medi-Cal duplicate error message for services which were not duplicates. This is fixed.

The following are new screen changes since the 9.0 release:

Single Service Insert and Maintenance screen - When updating client pregnant or emergency flags, although screen may default value to "Y", user can now override it and change it back to "N".

We also enhanced the EPSDT age calculation. It is now based on client's birth date and the date of service.

Multi, Daily and Weekly Service Insert screen - Client pregnant flag and emergency flag are added to these three screens.

Medi-Cal Eligibility Maintenance screen – When user initiates a Share of Cost(SOC) or reverse SOC adjustment, the screen will locate the service for this adjustment by Client number, service date, reporting unit, and the 3-digit InSyst procedure code. (The user should not enter HCPC or CPT code.) The screen will reject the adjustment request if either no service can be located or a prior SOC adjustment has exceeded the amount of cost of service.

Also, this screen now accepts two new late reason codes "G"(State code "9", MHS only) and "H"(State code "4").

Client Insert and Maintenance screen – The field length of Driver's License has been expanded to 13 characters long. This is intended to support out of State license numbers.

DAS Episode screen – Add CalOMS validation to Secondary Drug Frequency field.

POSTING AND OTHER BMENU Items

Medi-Cal EOB Approved Merge - This module is activated in DAS. Staff must download 835s from the ADP ITWS site and process them, similar to the processes currently used in MHS to post payments and denials.

Medi-Cal Claim – This module has been upgraded to handle California MediCal Phase 2 claim submission requirements. In addition, this module will no longer automatically write dummy payments for the claim in DAS.

Service Posting – Service posting will check MediCal duplicates based on the new crosswalk.

The following are new changes since the 9.0 release:

Medi-Cal Claim – For ADP only, Support for Attachment Control Numbers has been added. InSyst Special Reason Codes of 'C'(8), 'D'(11), and 'H'(4) will now require that an ACN be added to the claim line. A missing ACN will cause the entire claim to fail. Also, PWK01 segment will get "CT" for all three late reason codes mentioned above.

In addition, units of service will now be reported in the 837 unrounded to 4 decimal places.

This version also supports ADP's medi-medi ruling. If county sets up Provider Balances in the DAS database not to bill Medicare, then even if client has a Medicare policy, this module will allow Medi-Cal to be claimed without requiring Medicare billing history.

A new MH1980 CSV download has been added. This download file contains all data elements from the MH1980 plus additional ones requested by the Users Group. ACN(attachment control number) will be added in the future.

The reporting of claim location has been enhanced. In the past, only "Home" location and location 51 and 21 via Medi-Cal crosswalk are reported. Everything else is reported as location "99". **Starting this release, mapped Medi-Cal claim location in CLAIM_LOCATION table is being used in 837.** Staff needs to review this table and make sure that the proper Medi-Cal claim location is being populated. If not, the default location "99" will continue to be used.

Finally, starting with this release, the Medi-Cal module will process and send Void and Replace claims! (Fireworks…1812 Overture(music)…)

Pseudo EOB Processing – County has reported that the Medi-Cal mode of service in the Pseudo EOB file does not match with the Medi-Cal mode of service in InSyst. This module has been enhanced to resolve this issue.

EOB Approved Merge – This process will now place "A" approved or "D" Denied into the Denial_Code Field of payment_staging records. In the past, InSyst treated zero payments as automatic denials. Since in Phase 2, SOC adjustments may bring the payment down to zero, we need a new, definitive way to identify denied claims.

Medi-Cal Void & Replace Posting – This is a brand new posting module that runs separately from regular service posting. After certain number of Void or Replace transaction is created, this posting needs to be scheduled so that the Void and Replace transactions are posted and become pending Medi-Cal claims.

REPORTS

Report MHS150 – This report has been enhanced to prepare for future Void and Replace data such as Share of Cost amount and V/R type. The record layout has been expanded.

MH1980 Report – This byproduct of the MediCal claim is enhanced for Phase 2 and void and replace.

1. Expanded claim id to full GUID
2. Merged service year/month/begin/end to a single column of service date
3. Replaced "Prim Pay" column with "Oth/SOC" column. The new column contains all upstream payor payments and Share of Cost clearance amounts.

The following are new changes since the 9.0 release:

Report MHS381 – This report will no longer automatically write a late reason code for a DAS retroactive POE. This is to comply with the new ADP late reason code policy.

Report PSP356 – Void and Replace transaction amount as well as Share of Cost clearance amount have been added to the report output.

Report MHS385 – Minor update to handle unique time stamp situation. This problem did not exist until County migrated to much faster VAX emulator.

Report PSP345 – This report shows denied Phase 2 claims during EOB Approved Merge processing. It can also be run separately by user.

STATE REPORTS

The following are new changes since the 9.0 release:

CalOMS – It will now report up to 13 characters for Client Driver's License.

DATABASE Changes

Note that the source for all metadata changes is recorded in files named
$metadata*.*
in the **release directory**. *If you have a data warehouse that requires the technical details of metadata changes you can review these files for the information.*

1. Reload Phase 2 new error code and error messages into table hipaa_sdmc_error_codes_master
2. Create new table to support SED flag
   a. create table client_sed_period (
   b. client_number client_number not null not deferrable,
   c. effective_date effective_date not null not deferrable,
   d. expiration_date expiration_date not null not deferrable,
   e. record_stamp record_stamp default current_timestamp,
   f. last_change_stamp last_change_stamp default current_timestamp
   g.);
3. Updates to claim_lines and void_replace table to support new V/R changes

```
alter table CLAIM_LINES add column CLIENT_PREGNANT CLIENT_PREGNANT_BOOLEAN;
alter table CLAIM_LINES add column EMERGENCY_FLAG EMERGENCY_FLAG;
alter table VOID_REPLACE add column CLIENT_PREGNANT CLIENT_PREGNANT_BOOLEAN;
alter table VOID_REPLACE add column EMERGENCY_FLAG EMERGENCY_FLAG;
alter table VOID_REPLACE add column REPLACE_CLIENT_PREGNANT CLIENT_PREGNANT_BOOLEAN
alter table VOID_REPLACE add column REPLACE_EMERGENCY_FLAG EMERGENCY_FLAG
alter table void_replace add column void_claim_line_stamp claim_line_stamp query header 'Void' / 'Clai^
alter table void_replace add column replace_claim_line_stamp claim_line_stamp query header 'Replace' / 'C^

create index vr_void_claim_line_index on void_replace (void_claim_line_stamp asc);
```

4. Add new column to ANSI table to support latest State mandated 837 claim requirement:

```
alter table ansi_structure add column SBMTRNPI char(15);
```

5. Add new aid code table to support EPSDT flag in 837

```
create domain aid_code          char(2)         query header is 'Aid' / 'Code';

show domain aid_code;

create domain aid_code_type     char(10)        query header is 'Aid Code' /
'Type';

show domain aid_code_type;

create table aid_code_master (
      aid_code              aid_code        not null not deferrable,
      aid_code_type         aid_code_type   not null not deferrable,
      effective_date        effective_date  not null not deferrable,
      expiration_date       expiration_date not null not deferrable,
      record_stamp          record_stamp    default current_timestamp
   );

create unique index aid_code_master_pky on aid_code_master ( aid_code,
aid_code_type, effective_date );
```

6. Create phase 2 crosswalk table

```
CREATE TABLE CA_MEDICAL_CROSSWALK_PHASE2
(       PROGRAM_CODE                    CHAR(2)             default '',
        MEDICAL_MODE                    CHAR(2)             default '',
        MEDICAL_SFC                     CHAR(2)             default '',
        PROCEDURE_CODE                  INTEGER             default 0,
        BILLING_CODE                    CHAR(6)             default '',
        MODIFIER_1                      CHAR(2)             default '',
        MODIFIER_2                      CHAR(2)             default '',
        MODIFIER_3                      CHAR(2)             default '',
        MODIFIER_4                      CHAR(2)             default '',
        PLACE_OF_SERVICE_CODE           CHAR(2)
default '',
        TAXONOMY_CODE                   CHAR(15)            default '',
        REVENUE_CODE                    CHAR(4)             default '',
        UNIT_CONVERT_FACTOR_837         DOUBLE PRECISION
default 0,
        UNIT_CONVERT_FACTOR_835         DOUBLE PRECISION
default 0,
        EFFECTIVE_DATE                  DATE VMS            default
'17-Nov-1858',
        EXPIRATION_DATE                 DATE VMS            default
'1-jan-2050',
        RECORD_CREATE_DATE              DATE VMS
default current_timestamp,
        LAST_CHANGE_STAMP               DATE VMS
default current_timestamp
```

```
);
CREATE INDEX CA_MEDICAL_CROSSWALK_PHASE2_PK
    ON CA_MEDICAL_CROSSWALK_PHASE2(
        PROGRAM_CODE,
        MEDICAL_MODE,
        MEDICAL_SFC,
        PROCEDURE_CODE,
        BILLING_CODE,
        MODIFIER_1,
        MODIFIER_2,
        MODIFIER_3,
        MODIFIER_4,
        PLACE_OF_SERVICE_CODE,
        TAXONOMY_CODE,
        REVENUE_CODE);


CREATE INDEX CA_MEDICAL_CROSSWALK_PHASE2_REV
    ON CA_MEDICAL_CROSSWALK_PHASE2(
        BILLING_CODE,
        MODIFIER_1,
        MODIFIER_2,
        MODIFIER_3,
        MODIFIER_4);
```

7. Create test MMEF cross reference table

```
create table phase2_mmef_test_data
(
   REAL_CIN              client_index_number     query header is 'Real' /
'CIN'
  ,TEST_CIN              client_index_number     query header is 'Test' /
'CIN'
  ,TEST_NAME             client_name             query header is 'Test' /
'Name'
  ,TEST_MIDDLE_INITIAL   client_middle_initial   query header is
'Test' / 'Intl'
  ,TEST_BIRTH_DATE       birth_date              query header is 'Test' /
'Birthdate'
  ,TEST_SEX              sex                     query header is 'Test' / 'Sex'
  ,TEST_STREET_NAME      street_name             query header is
'Test' / 'Street Name'
  ,TEST_CITY             city                    query header is 'Test' / 'City'
  ,TEST_STATE            state                   query header is 'Test' / 'State'
  ,TEST_ZIP_CODE         zip_code                query header is 'Test' /
'Zip'
  ,TEST_ZIP_PLUS_FOUR    zip_plus_four           query header is
'Text' / 'Zip+4'
```

```
);
create unique index phase2_mmed_test_cin_real_index on
phase2_mmef_test_data ( real_cin asc) type is sorted;
create unique index phase2_mmed_test_cin_test_index on
phase2_mmef_test_data ( test_cin asc) type is sorted;
show table phase2_mmef_test_data;
```

8. Misc changes:

```
-- from $METADATA_SBMTRNPI.PRERELEASE_SQL_MHS

alter table ansi_structure add column SBMTRNPI          char(15);

-- from
$METADATA_HIPAA_PHASE_II_ERROR_CODES.SQL_MHS

create domain medical_phase int query header is 'Medi-Cal'/'Phase';

alter table hipaa_sdmc_error_codes_master add column medical_phase
medical_phase;

drop index hipaa_sdmc_error_codes_index;

create index hipaa_sdmc_error_codes_index
      on hipaa_sdmc_error_codes_master
      (cas01,cas02,lq02,sdmc_error,medical_phase);
```

The following are new changes since the 9.0 release:

```
create domain adjudication_date              date vms       query header is
'Adjudication'/'Date'          edit string ^
alter domain adjudication_date               query header is
'Adjudication'/'Date';
create domain attachment_control_number      char(30)       query header
is 'Attachment Control Number';

alter table claim_lines add column adjudication_date adjudication_date;

alter table claim_lines add column attachment_control_number
attachment_control_number;
```